

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Box ISSUE FEE**

**Commissioner for Patents
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7590 05/06/2003

RATNER AND PRESTIA
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P.O. Box 980
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Patricia C. Boccella	(Depositor's name)
<i>Patricia C. Boccella</i>	
July 24, 2003	
(Signature)	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/072,568	02/08/2002	Maurizio Grando	C&P-103US	1954

TITLE OF INVENTION: FLAME ATMOSPHERE ANALYZER AND A WATER-HEATING DEVICE INCLUDING THE ANALYZER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650	\$300	\$950 <u>15</u>	08/06/2003
EXAMINER	ART UNIT	CLASS-SUBCLASS		\$965	
WILSON, GREGORY A	3749	122-014200			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 RatnerPrestia

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

OP CONTROLS S.p.A.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Pernumia, Padova, Italy

Please check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee

A check in the amount of the fee(s) is enclosed.

Publication Fee

Payment by credit card. Form PTO-2038 is attached.

Advance Order - # of Copies 5

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(Authorized Signature) (Date)

Kevin R. Casey, Reg. No. 32,117 7/24/03

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08/04/2003 MAHMED2 00000056 10072568

01 FC:2501	650.00 OP
02 FC:1504	300.00 OP
03 FC:8001	15.00 OP